

**San Bernardino County Department of Behavioral Health Services
and Mental Health America of Los Angeles**

**Recovery Oriented Learning Culture Project
Kick-Off Meetings at the Clinics/Programs**

Overview

As part of a system wide process, San Bernardino County Department of Behavioral Health Services (DBHS) selected four directly operated clinics and three contract agencies to be involved a process of developing learning cultures to build and strengthen each facility's recovery orientation and practice. Mental Health America of Los Angeles (MHALA) was chosen to facilitate this process.

On January 12, 2010 staff from MHALA visited 5 of the 7 facilities in order to introduce themselves and the process to the clinic's program managers. At these meetings, MHALA staff learned of the challenges the clinics and programs faced. MHALA staff became acutely aware during these meetings that in spite of the challenges and struggles, the program managers had pride in their clinics and the work of their staff.

MHALA staff worked with the program managers to find a date for a kick-off event to begin the **Recovery Oriented Learning Culture Project** at each clinic. During the months of February and March, 2010 the MHALA facilitators met with the staff of five of the seven facilities to "kick-off" their work around the Learning Culture Project. MHALA staff also met with South Coast Community Society, but decided with the executive director to postpone the official kick off to April and had a planning meeting instead.

Being mindful of the logistical challenges of having the entire staff meet to participate in a process such as this, MHALA staff pared back the time scheduled at each facility to get the maximum benefit from a minimal time commitment. The purpose of these "kick-offs" was to introduce the MHA facilitators, listen to the stories of pride, hopes, concerns and fears of the staff and start the process of assisting the clinics/programs in developing their learning cultures. Additionally, MHALA staff introduced a tool to help each facility explore and measure their recovery progress.

Kickoff Process and Results

After an explanation of the learning culture plan and the four domain workgroups (staff transformation, staff-consumer interactions, organizational structures and processes, and available services/capacities), each staff member selected a domain workgroup with which to be involved.

The learning culture process begins by making a set of focused changes that are spread across all the domains that need to be addressed for change to endure. The MHA facilitators recommended that they focus on twelve goal areas within the four domains of

change. The goal areas were chosen because they are practical and because they are likely to lead to true transformation. Every staff member is expected to choose one of the domains and its goal areas to work on. Wherever possible, it is important to have consumers and family involvement in all aspects of the transformation process. Each clinic/program has the freedom to approach these goals as they think best. Clinics/ programs are encouraged to learn from each other but each clinic will create its own unique work plans.

Here is an overview of the domains and goal areas:

| | |
|--|--|
| Staff Transformation 1) Develop and enhance staff belief in recovery 2) Energize and instill hope in staff | Organizational Structures and Processes 6) Collect and use quality of life and recovery based outcomes 7) Develop structure to promote client flow and graduation from services 8) Build strong teamwork 9) Build relationships with administration |
| Staff-Consumer Interactions 3) Develop welcoming environments 4) Develop successful strategies to work with challenging individuals 5) Including consumer volunteers and staff | Available Services / Capacity 10) Develop quality of life support services 11) Collaborate with other social services 12) Develop community belonging |

During the domain group meeting, each group examined the accomplishments and strengths for their domain area. They also identified projects (both small and big) on which to work throughout the learning culture process.

After the groups met, they gathered back together as a large group to report on their work and gather additional suggestions/ideas from others.

Initial Domain Group work from each clinic

Below is the recording of the Domain Group work done for the Recovery Oriented Learning Culture Kick Off Days at: Upland Community Counseling, Phoenix Community Counseling Center, Morongo Basin Mental Health Services, West End Family Counseling Services and Victor Valley Behavioral Health. In April, MHALA staff will do the kick off at Mesa Counseling Center and South Coast Community Society Inc.

The write-up below comes directly from the clinics/programs. The only changes/ additions made by MHALA after the work was submitted on each kick off day are designated in [brackets]. Domain work is broken down by clinic and then by the four domains explored at each clinic. Within each domain group, work is specifically broken down into the following categories:

- ☐ What have we done
- ☐ What are our strengths
- ☐ Projects (small/short term, big/long term and other brainstorming ideas)

MORONGO BASIN MENTAL HEALTH SERVICES

Group 1 – Staff Transformation (Morongo)

TEAM LEADER: Deborah Jones

TEAM LEADER #2: Debra Hidalgo

What have we done?

- ☐ Good training policy
- ☐ Staff meetings
- ☐ Intra- agency referral process

What are our strengths?

- ☐ Dedicated
- ☐ Hard working
- ☐ Knowledgeable
- ☐ Culturally diverse
- ☐ Community minded

Projects

Small/ Short term:

- ☐ Employee birthdays departmentally
- ☐ Add pictures to welcome aboard email
- ☐ New HR staff to implement orientation/ welcome

Big/ Long term:

- ☐ Employee recognition departmentally
- ☐ Staff pictures at each location
- ☐ Cross training departmentally/ agency wide

Brainstorming/ other ideas:

- ☐ When staff are out for length of time...come up with some way to catch them up
- ☐ Build up morale: speakers, perks, bring back employee of the quarter departmentally
- ☐ Have a get together during work hours
- ☐ Able to purchase updated materials
- ☐ Implementing training module
- ☐ HR person doing newsletter (sharing success stories)
- ☐ Video overview of agency
- ☐ Site visits

Group 2 - Staff-Consumer Interactions (Morongo)

TEAM LEADER: Lorraine Loros

What have we done?

- ☐ Universal screening and tracker systems are in process
- ☐ Triaging waitlists
- ☐ 24/7/365 day programs
- ☐ screening for referral sources

What are our strengths?

- ☐ Treating clients as our highest priority
- ☐ Supporting each other and clients
- ☐ Communication
- ☐ Variety of skills

Projects

Small/ Short term:

- ☐ Changing names [title of] of case managers
- ☐ Decision tree for screens
- ☐ Moving paperwork towards different programs

Big/ Long term:

- ☐ Having clients welcome and tours
- ☐ Universal intake
- ☐ Referral sources shared (Bev's list [i.e. Criag's list])
- ☐ Legal Aid
- ☐ Advocacy Board
- ☐ Company Employee meeting (with new and old employees) mixers

Group 3 – Organizational Structures and Processes (Morongo)

TEAM LEADER: Robin Belle

TEAM LEADER #2: Stephen Harmon

Projects

Small/ Short term:

- ☐ Focus Group for all programs “welcome” to tell their experience from start to finish
- ☐ Peer Support system in place

Big/ Long term:

- ☐ Follow up and follow thru and for quarter progress with client up to 1 year after receiving services and feedback to how and what worked for them
- ☐ Peer run alumni

Brainstorming/other ideas:

- ☐ Flow Chart!- in tracker form each program clients meet scale on a 1-10 system
- ☐ Follow up with client: incentives, transportation, accountability from client and staff
- ☐ Peer support group during 1 year
- ☐ Peer mentors same as one addict helping another
- ☐ Peer communication in the communities
- ☐ Evaluations and rewards for progress
- ☐ Starting with more hours per week and end up with less due to success
- ☐ Forms- awards, flow chart
- ☐ Team work→ food, allow: fundraiser
- ☐ Community activities for achievement
- ☐ Wait list is too big... allow volunteers to be interviewed and utilized
- ☐ More staff to better serve clients... faster turnover
- ☐ Complement co-worker day... catch someone doing something right!
- ☐ Allow P.A.'s Nurse Practitioners
- ☐ Waiting room in CWIC not client friendly
- ☐ Change the outcome measures and how we look at them

Group 4– Available Services/Capacity (Morongo)

TEAM LEADER: Steve

TEAM LEADER #2: Rick Chaffee

What have we done?

- ☐ [Services in the community that we are connected to]: Military, CFS, Probation (law enforcement), SARPs, Veterans Affairs, Boys and Girls club, Sexual Assault, Court Systems, Pacific Clinics, MUSD (Schools), Hospitals, Churches, ARCH, Social Services, Community Service Clubs (Rotary, etc),
- ☐ SEEDED the community with clients no longer in need of services

What are our strengths?

- ☐ Services: Local Services ADS(County wide and State wide), MH, Hospitalization, CWIC, Outreach to schools, Resource Packets
- ☐ Ability to refer inter-program
- ☐ Ability to look ahead and predict community needs
- ☐ Recognizing and assigning HR
- ☐ Recognizing and creating new programs
- ☐ Tailoring our programs to the needs of the community
- ☐ Flexibility

Projects

Small/ Short term:

- ☐ Develop a plan to provide interagency services awareness (in progress)
- ☐ Target the “tween” demographic (12-15 years old)
- ☐ Suicide Prevention Hotline (pending funding)
- ☐ PCIT Mobile

Big/ Long term:

- ☐ Expansion: Homelessness, work with: adoption and foster care
- ☐ PCIT Mobile Unit

Brainstorming/other ideas:

- ☐ Get information into the community
- ☐ Create awareness of services among agency departments
- ☐ ADS services 29 Palms

PHOENIX COMMUNITY COUNSELING

Group 1 – Staff Transformation (Phoenix)

TEAM LEADER: Khatera Ghazanfar, DO

What have we done?

- ☐ Decoration in past for holidays/seasons
- ☐ Kudos
- ☐ Pot lucks
- ☐ Ice cream socials
- ☐ Showers (baby, engagement, etc...)
- ☐ Exams trees decorated and donated to patients
- ☐ Coat drive
- ☐ Thanksgiving baskets for patients

What are our strengths?

- ☐ Diversity
- ☐ Respecting each other
- ☐ Creating a positive work environment via humor, not speaking down to others

Projects ideas (not yet separated into short term and long term)

- Put tv [camera?] in here to show the different cultures that make up our clinic both in terms of staff and patient populations [and how we all get along]
- Recognize individuals by giving certificates, parties to recognize anniversaries, create camaraderie
- Celebrate birthdays
- Kudos that lead up to employee of the month→ gift certificate (?), parking space (?)
- Sending out emails to recognize staff and the work they do
- Lunch (doctor sponsored) for employees of the month [multiple doctors were in this group]

Group 2 - Staff-Consumer Interaction (Phoenix)

TEAM LEADER: Karen Torres MSW

TEAM LEADER #2: Celia Holguin

What have we done/ Strengths:

- ☐ (consumer run) S.O.A.R. & Las Chicas Peligrosas (Spanish speaking consumer run)
- ☐ winter food and clothing drive, Christmas toys to kids, back to school supplies
- ☐ Water/movies in lobby, friendly staff
- ☐ Signs directing clients to our clinic
- ☐ Great customer service

Projects

Small/ Short term:

- ☐ Greeter/Triage person (Before they get to the window) to find out how we can meet their needs, signs in front lobby clarifying lines to go to/ services available
- ☐ Promote our existing groups (consumer run), encourage clients to join, educate staff, support the group
- ☐ Create more food drives throughout the year/make a food room from donations
- ☐ Summer heat/ hygiene supplies for clients and nutritional info/ having public health come here to help educate clients/ access health needs

Big/ Long term:

- ☐ S.O.A.R. & Las Chicas Peligrosas (larger and more efficient)
- ☐ Lobby/ Initial contact experience more efficient and positive

Other Project Ideas:

- ☐ Re-training staff to not address the front clerks during _____
- ☐ Email staff when clients arrive
- ☐ Sign of expectations- walk ins – clear cut policy
- ☐ Clear cut policy: miss meds, hotline, missed appt > enforce it
- ☐ Children and adult separate

Group 3 – Organizational Structures and Processes (Phoenix)

TEAM LEADER: Brenda Giron

TEAM LEADER #2: Joyce Carota

What have we done?

- ☐ Peer review, audit meetings to learn re: chart documentation
- ☐ Set scheduled time and dates for triage and assessments
- ☐ Built in referral service (community resources)

What are our strengths?

- ☐ Willingness to communicate and work together
- ☐ Great teamwork and flexibility, support backup

Projects

Small/ Short term:

- ☐ Move direct communication across the lines
- ☐ Update flow chart regularly
- ☐ Daily staffing schedule

Big/ Long term:

- ☐ Coordinating support services with limited resources
- ☐ Flow chart to identify the different resources (staff, community)

Group 4– Available Services/Capacity (Phoenix)

TEAM LEADER: Edwin Lemus

What have we done?

- ☐ Supported SOAR
- ☐ Implemented more group therapy options
- ☐ Started a resource room/ Rm 202
- ☐ Started a Benefits team

What are our strengths?

- ☐ Staff works well together, dedicated teamwork
- ☐ Great at Needs Assessment
- ☐ Staff involvement to provide extra's for client (e.g. xmas and thanksgiving)
- ☐ Full(?) MHS

Projects

Small/ Short term:

- ☐ PFA onsite/ Enhance SOAR
- ☐ Create an updated resource directory and create plan to maintain availability

Big/ Long term:

- ☐ Create a self sustaining client run resource group
- ☐ Connect SOAR with pathways to help build a strong infrastructure

Other Project Ideas :

- Quality of life support service- “graduation”/ moving beyond the clinic
 - Utilizing department of rehabilitation
 - Grow and become more independent
 - Find housing/rooming & roommate option
 - Searching for community
 - Designating one person to collect and distribute found community resources
 - Ongoing/ update collection and dissemination of resources
 - Add resources to a shared drive
- Consumers through SOAR create a resource base with staff support
- Teach and Empower clients to use phonebooks and internet to find and utilize their own resources
 - How to properly communicate with resource agencies
 - Educate staff to ensure clients are capable of contacting referrals

UPLAND COMMUNITY COUNSELING CENTER

Group 1 – Staff Transformation (Upland)

TEAM LEADER: Linda L. Adams PhD.

TEAM LEADER #2: Pantea Bagheri

What have we done?

- ☐ FSP
- ☐ TRIM
- ☐ Other trainings
- ☐ Supervision
- ☐ SEU's
- ☐ Intern/Pract. Training
- ☐ Club house
- ☐ Hiring PEA's
- ☐ Provide open/ affirming environments
- ☐ We are not micro managed

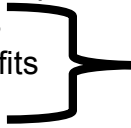
What are our strengths?

- ☐ Positive attitude
- ☐ Educational training
- ☐ Cooperative training
- ☐ Club House
- ☐ Consultations (Promote empowerment for clients and each other)
- ☐ Reach outside agencies: Volunteers, Shelters, Housing programs, NAMI, Public health
- ☐ Multi disciplinary team
- ☐ Supervisors that have open door policy
- ☐ Going above and beyond
- ☐ Community psychologist
- ☐ Always respectful and professional- clients
- ☐ Hopeful
- ☐ Look for strengths
- ☐ Happy to have jobs
- ☐ Provide resources for our clients

Group 1 – Staff Transformation (Upland) *continued*

Projects

Small/ Short term:

- ☐ Food/ Catering (coffee/sweet/catering)
 - ☐ Awarding /acknowledging achievements
 - ☐ Maintain morale/ potlucks/ humor
 - ☐ Keeping flexes
 - ☐ Increase Benefits
 - ☐ Raise
 - ☐ Supportive staff supervisors
 - ☐ Fix the scheduler
 - ☐ Get psychiatrists involved in planning of events
 - ☐ Increase consultations between adult psychiatrists and therapists
-  ☐ *Advocating thru the union*
☐ *Get some from DBH on negotiating committee*

Big/ Long term:

- ☐ TRM study
- ☐ Success stories
- ☐ Job security
- ☐ Maintain productivity
- ☐ Trips!!
- ☐ Maintain walls, carpet, restroom, facility
- ☐ Get psychiatrists involved with planning of events

Other ideas:

- ☐ Maintain flex time
- ☐ Maintain work areas... being presentable
- ☐ Feedback from clients regarding their successes and recovery process

Group 2 - Staff-Consumer Interactions (Upland)

TEAM LEADER: Julie Porter

What have we done?

- ☐ Rearranged furniture in lobby
- ☐ Increased windows from 1 to 3

What are our strengths?

- ☐ Value clients--greet by name
- ☐ Say happy birthday
- ☐ Call then back if they forget to make f/u appointment
- ☐ If they didn't know if they had a refill-- call the pharmacy
- ☐ Notice if they've been gone for a while
- ☐ Clerks let supervisors know if someone in lobby not doing well

Projects

Small/ Short term and Big/ Long term:

- ☐ Arrange place for distressed clients...Room like a living room (APSC/FSP Room resource room?)
- ☐ Increase Parents sense of well being in lobby with adults
- ☐ Improve ability to hear clients-not jail phones
- ☐ Greeter/volunteer from APSC
- ☐ Supervisor OD in triage/clerical area
- ☐ Improve atmosphere / color-art in lobby
- ☐ Staff be prompt with appointments

Group 3 – Organizational Structures and Processes (Upland)

TEAM LEADER: Wendy Lee

What have we done?

- ☐ Triage structure-times, appointments
- ☐ Audits- 60 day audits, reviewing after
- ☐ Changed chart room to bigger room, to numerical order
- ☐ Clerical _____[couldn't read word] of appointments

What are our strengths?

- ☐ Have available services even with shortage of staff
 - Group therapy, FSP, Meds, clubhouse, support group, intern
- ☐ Have audit regularly

Projects

Small/ Short term:

- ☐ Getting report to include no-show
- ☐ Consent card
- ☐ Status report card

Big/ Long term:

- ☐ Computerized medical _____[couldn't read word]
to help with communication between clinics, previous episodes, old medication
- ☐ Scheduler system

Group 4– Available Services/Capacity (Upland)

TEAM LEADER: Melloni Cherry

TEAM LEADER #2: Larry Sanchez

What have we done?

- ☐ Addressed housing concerns w/ supervisor
- ☐ Assisted with clients gaining benefits to acquire housing
- ☐ Contacted outside agency for assistance

What are our strengths?

- ☐ Created a social network (facebook) just for clients to gain support 24 hours from peers/FSP team members
- ☐ Created FSP Bazaar to finance social outings with clients to increase social contacts and reduce isolative behaviors

Projects

Small/ Short term:

- ☐ Housing
- ☐ Contacting community organizations for support
- ☐ Enhance language (constrictions) decrease barrier- add more opportunities for translative services

Big/ Long term:

- ☐ Housing
- ☐ Clothing closet for homeless clients

Other ideas:

- ☐ Employment leads- make contact with employers and advocate- benefits to employer
- ☐ Interest with local government (City Hall) community service
- ☐ How to do outings like in the past due to money
- ☐ Church interaction/ public service groups
- ☐ Raise money to get tents, etc
- ☐ Clothes closet- community?
- ☐ Enrichment – (clothes closet)

WEST END FAMILY COUNSELING SERVICES

Group 2 - Staff-Consumer Interactions (West End Family Counseling Services)

TEAM LEADERS: Elizabeht Gatt- Auzenne, Denise Christensen, Lisa Albert

What have we done?

- ☐ Parent Partner advocacy
- ☐ Lobby more inviting
- ☐ Participate in multidisciplinary teams
- ☐ Given opportunity to personalize office to make it more inviting
- ☐ Making information reading available to clients
- ☐ Reminders to psychiatric clients for meds, appts
- ☐ Home visits/ school visits to decrease inconsistency and promote working team
- ☐ Enhancing programs and developing alternative ways to work them

What are our strengths?

- ☐ Flexibility
- ☐ Variety of programs
- ☐ Willingness to try something new
- ☐ Reputation
- ☐ Involved in many different collaboratives
- ☐ Multicultural staff
- ☐ Supportive board members

Projects

Small/ Short term:

- ☐ Expanding on food pantry, expanding donations
- ☐ Expanding milieu room and services
- ☐ Utilizing community resources to assist clients

Big/ Long term:

- ☐ Expanding or developing a transportation system for clients
- ☐ expanding availability of volunteer services and resources for clients

Group 3 – Organizational Structures and Processes (West End)

TEAM LEADER: Natividad Vasquez Silva

TEAM LEADER #2: Jed Shafer

What have we done?

- ☐ Built strong teamwork
- ☐ Good client flow structure
- ☐ Good relationships with admin

What are our strengths?

- ☐ Open communication
- ☐ Informal work structure
- ☐ Open to new ideas

Projects

Small/ Short term:

- ☐ Improve (reduce) wait list
- ☐ Develop “graduation” recognition for participants

Big/ Long term:

- ☐ Computerized (paperless) charting/ forms
- ☐ Improve case management resources to facilitate client transitions

Brainstorming/ other ideas:

- ☐ Develop a county approved care plan document that supports Recovery outcomes AND is compatible with MediCal requirements
- ☐ Work with county/state to simplify paperwork as a way to improve client flow. Clinicians spend too much time agonizing over how to “word” charts we want to use clients’ words in care plans

Group 4– Available Services/Capacity (West End Family Counseling Services)

TEAM LEADER: (team leader not designated yet)... seven people in group currently

Projects

Brainstorming/ ideas (not yet designated as short term or long term projects):

- ☐ Visit local social service agencies to familiarize ourselves as an agency with the other agencies and their services
- ☐ Become well connected with community resources i.e. local churches, build relationships in the community with i.e. local pharmacies, food banks, etc
- ☐ Low cost labs
- ☐ Develop more of a support system to assist clients in accessing more resources to increase capacity
- ☐ Continue to attend community health fairs
- ☐ Designate staff to be responsible for being informed of different resources in the community

VICTOR VALLEY BEHAVIORAL HEALTH

Group 1 – Staff Transformation (Victor Valley Behavioral Health)

TEAM LEADER: Kevin Lee

TEAM LEADER #2: Chris Croteau

What have we done?

- ☐ Brainstorm problems as a group
- ☐ Socialize
- ☐ Support each other
- ☐ Humor/ laughter
- ☐ Chocolate Fridays, bring chocolates and snacks
- ☐ Check in with each other sometimes daily
- ☐ GEO- St Paddy's day
- ☐ Debrief with each other Informal

What are our strengths?

- ☐ Supportive of each other
- ☐ Teamwork
- ☐ Chocolate
- ☐ Humor
- ☐ Dependability
- ☐ Share ideas
- ☐ Help each other
- ☐ Concerned about each other's safety... walk to car

Projects

Small/ Short term:

- ☐ Staff appreciation- monthly/ quarterly- positive recognition
- ☐ Chocolate, chocolate bunnies
- ☐ Email recognition (in house)
- ☐ David- share his monthly report with staff (positives) – email recognition

Big/ Long term:

- ☐ Healthy debriefing... shut down office... for effect
- ☐ more communication, especially positive

Group 2 - Staff-Consumer Interactions (Victor Valley Behavioral Health)

TEAM LEADER: Dan Wood

What have we done?

- ☐ Interior has been redone- looks nice, clean
- ☐ Barrier in lobby to help separate children and adults- safety
- ☐ Security guards to improve feeling safe
- ☐ Developed very strong teams—adult, children, FSP
- ☐ FSP- getting clients resources and services—SSI
- ☐ Clubhouse—clothing food, day shelter
- ☐ STAR
- ☐ EoW for MediCal—CCRT—CWIC

What are our strengths?

- ☐ Good team work
- ☐ Use personal resources to advance client care
- ☐ Creativity with limited resources
- ☐ Diversity of experiences, culture, disciplines
- ☐ Perseverance, tenacity caring
- ☐ Genuine concern for our clients

Projects

Brainstorming/ Small/ Short term and Big/ Long term not divided:

- ☐ Equipment that works (i.e. speakers, glass)
- ☐ safety—children from adults (separate lobby area)
- ☐ paper on walls, signs
- ☐ privacy—HIPPA—possible sticky feet
- ☐ frame signs in lobby
- ☐ separate children's clinic
- ☐ coffee/beverages for clients in lobby- sugar free
- ☐ triage hours--- lots of upset clients due to not being seen
- ☐ metal detectors at door to keep staff safe (may conflict with #3 [include consumer volunteers and staff?])
- ☐ reassurance that we desire to help them
- ☐ identify staff that can develop swift rapport with upset clients
- ☐ listening to clients needs- barriers to services (late, transportation problems)
- ☐ communication between staff/supervisor/receptionist Protocol if triage is heavy
- ☐ do not work in "panic mode"
- ☐ improve services to clients... client driven rather than revenue driven
- ☐ segregating unsponsored clients from sponsored (17 D clients seen in a group- 5 patients in 90 minutes)
- ☐ Update/ check referrals
- ☐ Outreach to advise/educate
- ☐ Intra- inter agency communication

Group 3 – Organizational Structures and Processes (Victor Valley Behavioral Health)

TEAM LEADER: Dr. Payne

TEAM LEADER #2: George

What have we done?

- ☐ All staff have transitioned to working together to help with clients needs

What are our strengths?

- ☐ More organized
- ☐ Better communication
- ☐ Regardless of titles, all voices are heard

Projects

Small/ Short term:

- ☐ All staff meetings in regards to structures with supervisors present from all teams
- ☐ Have it in writing... staff structure(s)

Big/ Long term:

- ☐ Have an organization flow chart for communication assignments and responsibility of staff
- ☐ Have written structure(s) in binder available
- ☐ Poster board of structure placed for all to see

Brainstorming/ other ideas:

- ☐ Collect evidence based practices to be used as milestones for client expectation
- ☐ have documentation in chart of milestone and who has initiated and is responsible
- ☐ organizational structure flow charts/binders
- ☐ we need administration to seek info from staff about clients or former clients before they make demands on us to do things that we have deemed inappropriate or risky
- ☐ EHR

Group 4– Available Services/Capacity (Victor Valley Behavioral Health))

TEAM LEADER: Dr. Prendergast

TEAM LEADER #2: Merline Keid Yancy LCSW

What have we done?

- ☐ SSI Collaboration... collaboration with state SS
- ☐ Medical collaboration
- ☐ Providing transportation (discounted fare)
- ☐ Full services partnership (FSP)
- ☐ HD CWIC
- ☐ CCRT
- ☐ Referral for resources
- ☐ Homeless program
- ☐ MIA svcs
- ☐ Provide psychotherapy

What are our strengths?

- ☐ Good teamwork, commitment
- ☐ Empathetic
- ☐ Patience, supportive, non judgmental
- ☐ Clubhouse (meals, groups, accolades)
- ☐ Good consultation among staff: services first, provide strengths, good listeners

Projects

Small/ Short term:

- ☐ child care for appts (PT's)
- ☐ monthly bus passes (not day passes)
- ☐ more structured club house
- ☐ community collaboration
- ☐ community donations/contributions (Day trips, maverick stadium tickets)

Big/ Long term:

- ☐ public health nurse referral program
 - meds support
 - special diets
- ☐ Community Belonging: clubhouse, community support groups (i.e. maverick stadium tickets), mental,
- ☐ Volunteering
- ☐ Free clinics (mental health)
 - Family support

Conclusion

At the end of each “kickoff session,” clinic/program staff and leadership had an understanding of what the first phase of the **Recovery Oriented Learning Culture Project** process would look like. Staff began to discuss small and big projects to work on together in their workgroups. To conclude each session, MHALA staff introduced the schedule for rest of the year for each facility.

The April/May meetings will focus on helping domain groups refine their projects and create a transformation work plan and timeline. Throughout the year, MHALA facilitators agreed to contact the team leaders to identify areas where support is needed, meet with clinic/program staff along with check-in phone calls to the program managers and clinic supervisors in order to encourage, guide and coach the workgroups towards refining and implementing their small and big projects.

Each clinic was given a personalized schedule for the rest of the 2010 year. Here is the aggregated group schedule.

| MHALA’s contracted work for the Recovery Oriented Learning Culture Project with the Seven Clinics | Actual Schedule (including adjustments made based on requests by the clinics) |
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| <u>Feb and March (7 days)</u> MHALA consultation team will have a day long “kick off” at each of the seven clinics to complete the “recovery transformation report card” and introduce and divide the staff into the four domain workgroups (1. Staff transformation, 2. Staff-consumer interactions, 3. Organizational structures and processes, and 4. Available services/capacities i.e. community integration). | 1) 2/11- Upland Community Counseling (9:00-1:30) 2) Wednesday, 3/3- Phoenix Community Counseling Center (8:00- 12:15) 3) Thursday, 3/11- Morongo Basin MH Services (8-12) 4) Tues., 3/16- West End Family Counseling Services (9-1:30) 5) Thurs, 3/18- Victor Valley Behavioral Health (12:30-5) 6) Thursday, 4/1- Mesa Counseling Center (8-12) 7) Fri, 4/16- S. Coast Community Society Inc (9:30-12:00) |
| <u>April and May (2 days/ month- 4 days total)</u> The MHALA consultation team will meet with the leaders of each domain workgroup (2 leaders per workgroup, 8 leaders per clinic) and the clinic’s management to help the domain groups move forward in their work plans. To reduce costs, the MHALA consultation team will meet with the leaders and management of four clinics at once at a central location for those four clinics. | <p>Instead of having four clinics meet at once, we have learned that each clinic would like to have us come out to their specific site. So, instead of meeting 2 days a month with four clinics each day, we will have a 1½ hour in person meeting at each clinic (totaling seven 1½ hour meetings a month which will end up being slightly more that 2 days a month). Based on the clinic’s requests, we believe this will net a more effective and engaging use of the clinic staffs’ time.</p> <p style="text-align: center;">We have begun scheduling a 1½ hour mtg in April at each clinic:</p> <p style="text-align: center;">~~~~~</p> <p style="text-align: center;">We have begun scheduling a 1½ hour mtg in May at each clinic:</p> |

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| <p><u>June (4 extended half days)</u></p> <p>The MHALA consultation team meet with two clinics at a time to celebrate successes, plan for future movement and teach core gift interviewing (which will connect with the ROL training).</p> | <p>Still to be scheduled... clinics seem eager to learn about Core Gifts both as a skill to use with clients as well as a team building/ morale increasing tool</p> |
| <p><u>June or July (1.5 days)... just for up to two representatives from each clinic's leadership team</u></p> <p>To provide increased commitment to recovery values and principles for San Bernardino's executive leadership and the clinic managers, Dave Pilon and Bruce Anderson will provide a Recovery Oriented Leadership (ROL) training to assist trainees in developing practical plans for using the principles of recovery to create hope, commitment, and action.</p> | <p>(date tbd)</p> <p>June 23rd and 24th OR July 13th and 14th</p> |
| <p><u>July (2 hours)</u></p> <p>The MHALA consultation team will have a phone conference with the domain workgroup leaders and clinic management to continue to help the domain groups moving forward on their work plans.</p> | <p>In an effort to increase cross- program/agency/clinic interaction, we will change the format of the phone conferences instead of having all domain leaders on the phone at once, we will do four separate domain group phone calls during July focused on each of the four domain groups (1. Staff transformation, 2.Staff-consumer interactions, 3.Organizational structures and processes, and 4. Available services/capacities i.e. community integration). This will allow all people working on a specific domain (i.e. Staff transformation) to talk with leaders from other clinics who are also working on the same domain.</p> |
| <p><u>September (2 hours)</u></p> <p>The MHALA consultation team will have a phone conference with the domain workgroup leaders and clinic management to continue to help the domain groups moving forward on their work plans.</p> | <p>In an effort to increase cross- program/agency/clinic interaction, we will change the format of the phone conferences instead of having all domain leaders on the phone at once, we will do four separate domain group phone calls during September focused on each of the four domain groups (1. Staff transformation, 2.Staff-consumer interactions, 3.Organizational structures and processes, and 4. Available services/capacities i.e. community integration). This will allow all people working on a specific domain (i.e. Staff transformation) to talk with leaders from other clinics who are also working on the same domain.</p> |

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| <p><u>October (2 days)</u></p> <p>The MHALA consultation team will meet with the leaders of each domain workgroup (2 leaders per workgroup, 8 leaders per clinic) and the clinic's management to help the domain groups move forward in their work plans. To reduce costs, the MHALA consultation team will meet with the leaders and management of four clinics at once at a central location for those four clinics.</p> | <p>Instead of having four clinics meet at once, we have learned that each clinic would like to have us come out to their specific site. So, instead of meeting 2 days a month with four clinics each day, we will have</p> <p style="text-align: center;">a</p> <p>1½ hour in person meeting at each clinic (totaling seven 1½ hour meetings a month which will end up being slightly more than 2 days a month). Based on the clinic's requests, we believe this will net a more effective and engaging use of the clinic staffs' time.</p> <p>We are scheduling a 1½ hour mtg in October at each clinic:</p> |
| <p><u>November (2 hours)</u></p> <p>The MHALA consultation team will have a phone conference with the domain workgroup leaders and clinic management to continue to help the domain groups moving forward on their work plans.</p> | <p>In an effort to increase cross- program/agency/clinic interaction, we will change the format of the phone conferences instead of having all domain leaders on the phone at once, we will do four separate domain group phone calls during November focused on each of the four domain groups (1. Staff transformation, 2. Staff-consumer interactions, 3. Organizational structures and processes, and 4. Available services/capacities i.e. community integration). This will allow all people working on a specific domain (i.e. Staff transformation) to talk with leaders from other clinics who are also working on the same domain.</p> |
| <p><u>December (1 day)</u></p> <p>The MHALA consultation team will meet with the San Bernardino executive leadership, the clinic managers of the eight chosen clinics and the domain workgroup leaders from each clinic to review the report card (that each clinic will have completed for a second time) and plan for continued recovery transformation and a learning culture at each clinic.</p> | <p style="text-align: center;">1 day in December:</p> <hr style="width: 10%; margin: auto;"/> |

For more information, please contact Dena Stein at dstein@mhala.org or by cell at (562.397.9231) or Joe Ruiz at jruiz@mhala.org or by cell at (562.897.2747).